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HH/BHH Working Group-Bangor

Meeting Minutes

Date of meeting: 12/10/2019

Facilitated by: MaineCare (Kaley Boucher/Rebecca Parsons)

Next meeting: 3/25/2020, 12p-2p, PCHC-Bangor

Coordination of Care (discussion of how care coordination is being achieved)

- Many providers have monthly care coordinator meetings to discuss barriers they encounter with clients or barriers the clients are facing.
- Some work on a case-by case basis per each client/patient.
- Some receive notifications from HealthInfo Net (HIN) regarding emergency room visits. These are checked daily by a specific team member and are forwarded to the appropriate team member i.e.: care coordinator, medical consultant, provider etc.
- If a client of a Behavioral Health Home (BHH) is seen in the emergency room (notification from HIN), a primary care visit will be added as a treatment goal.
- Some utilize the Value-Based Purchasing Management System (VMS) portal messaging system to send encrypted messages to other providers for coordination.
- Many (BHHs) attend primary care visits with the client and connect with the primary team for coordination of care while there, so communication issues can be tackled in the moment.

Referrals (barriers/concerns)

- Waitlists for services are a huge barrier when dealing with referrals.
- Concerns voiced about referrals being rejected by BHH due to waitlists.
- Suggestion made that a BHH with a waitlist notify MaineCare so other options can be explored for that specific area for clients.
- Concern raised about children losing MaineCare coverage suddenly after a referral is done, waiting months to get coverage back and long waits when calling OFI for help.

- Suggestion of having some sort of “flag” in the VMS portal when a client/patient’s coverage is going to term so things can be handled in a timely manner.

Medical Consultants in BHH (how this role is being utilized)

- Some medical consultants hold monthly team meetings and provide case studies.
- Some have bi-monthly meetings between the case managers and the medical consultant to discuss barriers they are experiencing.
- Concerns from some that this is a hard position to fill considering the hours, schedule, pay and lack of benefits due to part time hours, funding etc.
- Some would like to see a BHH rate increase in order to adequately cover costs of hiring the medical consultant.

HH/BHH Quality Measures

- Concern that more quality measures means more work to meet requirements and that a rate increase would need to match that.

General Comments/Concerns

- Some state that the peer role is the hardest to fill; lack of candidates, and because of hours, schedule, and pay.
- Concern raised about children with ADHD diagnosis aging out of children’s services and needs not being met because ADHD is not a covered diagnosis for adults in the BHH program. Advised that we would bring this concern back to the MaineCare VBP team.
- Suggestion to change adult authorizations to six months for BHH.
- Suggestion of giving 30 days to get a diagnosis for BHH clients when they come into services (adults and children). This way services could start; the client isn’t waiting and the medical or psych consultant could provide the diagnosis.
- Questions about F88 code (for developmental delays) and if Kepro is approving for children under the age of five.

Upcoming

- Kaley asked providers to think about what they would like to see for future measures that both BHH and HH could work on together and bring those ideas to the next meeting for discussion.

Action Items

- Kaley to follow up with KEPRO concerning F codes.
 - F88- Other Disorders of Psychological Development is a code that **can** be used for BHH children.
 - F69- Unspecified Disorder of Adults with Personality and Behavior **cannot** be used for BHH adults.